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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/673503

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/x		/			
2	/x		1			
3	/x		1			
4	/x		1			
5	/x		1			
6	/x		1			
7	/x		/			
8	0/x		/			
9	/x		/			
10	/x		/			
11	/x		/			
12	/x		/			
13	/x					
14	/x					
15	2/x					
16	2/x					
17	2/x					
18	6/x					
19	0/x					
20	/x					
21	/x					
22	/x					
23	/x					
24	2/x					
25	/x					
26	/x					
27	/x					
28	/x					
29	/x					
30	/x					
31	/x					
32	/x					
33	0/x					
34	0/x					
35	0/x					
36	0/x					
37	0/x					
38	0/x					
39	0/x					
40	0/x					
41	/x					
42	/x					
43	/x					
44	/x		1			
45	/x		1			
46	/x		1			
47	/x		1			
48	/x		1			
49	/x		1			
50	/x		1			
TOTAL IND.	34		4			
TOTAL DEP.	93		20			
TOTAL CLAIMS	127		20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/x					
52	/x					
53			3x			
54	/x					
55			A			
56	/x					
57	/x					
58	/x					
59			1x			
60			0/x			
61			0/x			
62			0/x			
63			1x			
64			1/x			
65			0/x			
66			0/x			
67			H+			
68			0			
69			1x			
70			0/x			
71			0			
72			1			
73			1			
74			2/x			
75			R			
76			0			
77			1			
78			2			
79			2			
80			0			
81			1			
82			1			
83			1			
84			1			
85			H			
86			0			
87			0			
88			0			
89			0			
90			0			
91			0			
92			0			
93			0			
94			0			
95			0			
96			0			
97			0			
98			1			
99			1			
100			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	(D)					
102	(D)					
103	(D)					
104	(D)					
105	(D)					
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148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
/51						
/52						
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/56						
/57						
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/99						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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